

CALFRESH (CF) PROGRAM

REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 4/1/2014	NEED RESPONSE BY: 4/15/2014
2. REQUESTOR NAME: Pam Andrade	6. COUNTY/ORGANIZATION: Orange County/CalFresh	
3. PHONE NO.: 714-541-7862	7. SUBJECT: Change Reporting and Incarceration	
4. REGULATION CITE(S): 7 CFR 273.12 (4) (v) (d); 63-503.4; 63-505.51; 63-801.7	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). None	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

A client was approved for CF 4/2013 and received/used his benefits till 8/13/2013. He was homeless/no income and a change reporting household of one. His EBT card was deactivated 3/25/14 due to no activity for 180 days (9/13-3/14). His case was set to close 3/31/2014 due to incomplete RRR.

Clients GR stopped in 6/13 due to failure to appear for the GRWP (work program)

Client was in jail since late 8/2013 and released 3/27/2014. Client walks in and attempts to apply for CF and GR on 3/27/14.

Is there an over issuance for 9/13-3/26/14?

Is the benefits reactivated to the card and no OI occurred?

Is an option given to the client to sign an OI agreement to payback the entire amount or 10% each month?

10. REQUESTOR'S PROPOSED ANSWER:

Although the client does not have to report he was in jail, he reported on 3/27/14 that he was incarcerated for 7 months. Due to he was institutionalized there was no eligibility to CF, his food needs were met. CF benefits have been deactivated and the OI would be collected. Eligibility exists currently due to he is no longer in jail and meets all other eligibility requirements.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

The client is entitled to the unused CalFresh benefits as the county did not discontinue the case and issue a notice of action effective August 31, 2013. The county's inability to take such action was due to the client's failure to report his incarceration. The amount of the benefits issued are considered an inadvertent household error (IHE) overissuance and the collection procedures listed in MPP 63-801 apply. The county has the option to notify the client when benefits are activated that he has the option to pay the amount back in a lump sum payment with his EBT card (see form CF 377.7C IHE repayment agreement form) however that option is at the client's discretion.

FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ:

4/2014

**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST:	NEED RESPONSE BY:
	6. COUNTY/ORGANIZATION:	
	7. SUBJECT:	
2. REQUESTOR NAME:	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
3. PHONE NO.:		
4. REGULATION CITE(S):		